CMPA.
Empowering
better healthcare

QUESTIONNAIRE FOR CODE 8

For humanitarian work abroad or research and teaching abroad

PLEASE PRINT

Name: _____
_____(FIRST NAME)_____ _____(MIDDLE NAME)_____ _____(LAST NAME)_____

Your CMPA Member number: _____

1. Will you be doing humanitarian work, teaching or research abroad? Check all the options that apply.

Humanitarian work ☐   Teaching ☐   Research ☐

NOTE: If teaching or doing research abroad, please provide a copy of the invitation from your host medical facility, institution (university) or humanitarian organization. If possible, provide a copy of the program confirming your participation.

2. How will you perform the work abroad? Check one.

I will be on site ☐   I will be providing care through telehealth ☐

3. Name of the organization sponsoring your humanitarian work: _____

4. Name the city, country and hospital or institution where you will be working:

City: _____   Country: _____

Hospital, institution or university: _____

5. What is the duration of your work abroad?

Start date: _____   End date: _____
___(MM/DD/YYYY)___   ___(MM/DD/YYYY)___

6. Describe the nature of the clinical or teaching activities you will be doing abroad.

YOUR CMPA MEMBERSHIP AND MUTUALITY

The CMPA provides liability protection for its members who, in turn, are expected to practise in a manner that aligns with the ethics and expectations of the profession and the values of the Association (the mutual) as described in its Bylaw.

The Canadian Medical Protective Association

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7. Give a brief description of the patients you will be treating. Are they underprivileged or underserviced?

THIS SECTION IS TO BE FILLED OUT BY TRAINEES AND CLINICAL FELLOWS ONLY

8. Explain how your humanitarian work abroad relates to your training or fellowship program.

9. Name of supervising physician or teacher accompanying you.

Signature: _____   Date: _____
                                                                                    (MM/DD/YYYY)

Please return the completed form to the CMPA by fax, mail or member portal (requires member number and password).

END

The Canadian Medical Protective Association

P.O. Box 8225, Station T, Ottawa ON K1G 3H7 | Telephone: 613-725-2000, 1-800-267-6522 | Fax: 613-725-1300, 1-877-763-1300

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